

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000080278 (2)

1. Corporation Name

CENTRECORP MANAGEMENT SERVICES, INC.

Principal Place of Business

2401 PGA BLVD  
SUITE 168  
PALM BEACH GARDENS FL 33410

Mailing Address

2851 JOHN ST.  
ONE  
MARKHAM ON L3R5R  
US



3. Date Incorporated or Qualified 10/31/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0543896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKDULL, JAYNE R  
1400 CENTREPARK BLVD  
SUITE 1000  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

PRESTON, JOHN W. S

1.2 NAME

STREET ADDRESS

2851 JOHN ST SUITE 1

1.3 STREET ADDRESS

CITY-STATE-ZIP

MARKHAM, ONTARIO, CANADA

1.4 CITY-STATE-ZIP

TITLE

DVPS

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

GREEN, ROBERT S

2.2 NAME

STREET ADDRESS

2851 JOHN ST SUITE 1

2.3 STREET ADDRESS

CITY-STATE-ZIP

MARKHAM, ONTARIO, CANADA

2.4 CITY-STATE-ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8/96 (905) 477-9200

CR2E034 (12/95)